

County Assessor Parcel No.: _____ State Parcel No. (optional): _____
When Recorded: Email / Mail to: _____
Mail Tax Statements to (street address): _____

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA, COUNTY OF _____

_____, being first duly sworn upon oath, deposes and says:

1. That _____ are owners of property under a duly recorded deed with an Instrument Number (or Book and Page Number) of: _____.

2. That the property is commonly known as: _____ (property address)
The legal description of said property is attached or included below:

3. That _____ died on _____ (date).

4. That by virtue of the decedent's death, _____ is the owner of the above described property and requests that this fact be reflected on the land and tax records of the County.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. (IC 36-2-11-15) FORM PREPARED BY: _____ (Name of individual)

Affiant Signature _____ Date _____
Name: _____

STATE OF INDIANA, COUNTY OF _____
Before me, the undersigned, a Notary Public, in and for said County and State, this _____ (date)

personally appeared _____,
said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Notary Public Signature

Printed Name
My commission expires: _____